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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

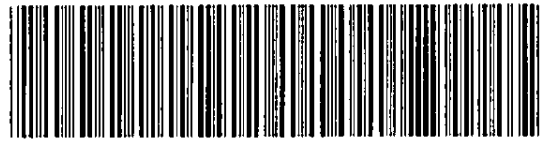
(Business Entity Name)

(Document Number)

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2024 DEC 30 PM 12:30
2024 DEC 30 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO Registration Section
Division of Corporations

SUBJECT: ILTER TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

MINA ILTER
Name of Person
ILTER TRUCKING LLC
Firm/Company
22336 CALIBRE CT APT 608
Address
BOCA RATON FL 33433
City/State and Zip Code
iltertrucking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINA ILTER 561 7579929
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ILTER TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2023 and assigned Florida document number L23000101030.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

22336 CALIBRE CT APT 608 BOCA RATON FL 33433

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

22336 CALIBRE CT APT 608 BOCA RATON FL 33433

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MINA ILTER

New Registered Office Address:

22336 CALIBRE CT APT 608

Enter Florida street address

BOCA RATON

City

Florida

Zip Code

FILED
024 DEC 30 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FL

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

